

**Certification of  
Non-Charitable  
Gaming/Gambling**



**Form 304**  
Supplier Use Only

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF CHARITABLE GAMING**

Person or Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I hereby certify that the above referenced person or entity verifies that their purchase of gaming supplies shall not be used in charitable gaming activities regulated by the Department of Charitable Gaming or in any unlawful gambling activity. I understand that all purchases over \$50.00 must be in the form of a check.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

***This form must be dated and kept on file by the Supplier for three years from the end of a fiscal year.***

**This statement is prepared and signed to document the sale of gaming supplies as required by the Commonwealth of Virginia § 18.2 -340.34.E of the Code of Virginia & the Charitable Gaming Rules and Regulations - 11 VAC 15-31-20.C.2.**